

Ergonomic Injury Investigation Form

For Nursing Homes

Employee Name: _____ Title: _____

Where did Injury occur: _____ Date of Injury: _____ Time of Injury: _____

Description of Injury: _____

Activity Conducted During the Injury:

- | | | | |
|-----------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------|
| <input type="radio"/> Transfer to bed, 1 worker | <input type="radio"/> Transfer to tub, 2 workers | <input type="radio"/> Assist resident with toileting | <input type="radio"/> Weigh resident - ramp scale |
| <input type="radio"/> Transfer to bed, 2 workers | <input type="radio"/> Reposition resident in bed, 1 worker | <input type="radio"/> Assist resident with bed pan | <input type="radio"/> Weigh resident - on lift |
| <input type="radio"/> Transfer to wheelchair, 1 worker | <input type="radio"/> Reposition resident in bed, 2 workers | <input type="radio"/> Incontinent care | <input type="radio"/> Make bed |
| <input type="radio"/> Transfer to wheelchair, 2 workers | <input type="radio"/> Reposition resident in wheelchair | <input type="radio"/> Putting clothing/shoes on resident | <input type="radio"/> Move furniture/equipment/supplies |
| <input type="radio"/> Transfer to shower chair, 1 worker | <input type="radio"/> Stop resident falling - from stand | <input type="radio"/> Removing clothing/ shoes | <input type="radio"/> Move laundry cart |
| <input type="radio"/> Transfer to shower chair, 2 workers | <input type="radio"/> Stop resident falling - from bed | <input type="radio"/> Deliver food / medication | <input type="radio"/> Move dietary cart |
| <input type="radio"/> Transfer to toilet, 1 worker | <input type="radio"/> Stop resident falling - during transfer | <input type="radio"/> Ambulate resident | <input type="radio"/> Emptying trash |
| <input type="radio"/> Transfer to toilet, 2 workers | <input type="radio"/> Lift resident from floor - manually | <input type="radio"/> Push wheelchair | <input type="radio"/> Redirect agitated resident |
| <input type="radio"/> Transfer to tub, 1 worker | <input type="radio"/> Lift resident from floor - mech lift | <input type="radio"/> Weigh resident - chair scale | <input type="radio"/> Other: _____ |

Risk Factors During the Activity:

- | | | | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------|
| <input type="radio"/> Reach more than 18" | <input type="radio"/> Lift more than 30 pounds | <input type="radio"/> Lift above shoulder | <input type="radio"/> Resident has difficulty cooperating |
| <input type="radio"/> Bend | <input type="radio"/> Lift with elbows away from torso | <input type="radio"/> Kneel | <input type="radio"/> Medication causes unsteadiness |
| <input type="radio"/> Twist torso, feet don't move | <input type="radio"/> Lift when reaching, bending and twisting in the same motion | <input type="radio"/> Hold weight in one position | <input type="radio"/> Not sufficient space for body mechanics |
| <input type="radio"/> Twist torso, and twist legs | <input type="radio"/> Start lifting below knee height | <input type="radio"/> Uneven floor surface | <input type="radio"/> Other: _____ |
| <input type="radio"/> Twist, bend, reach at same time | <input type="radio"/> Start/end lift at unequal heights | <input type="radio"/> Resident agitated | |
| <input type="radio"/> Sudden force | | <input type="radio"/> Resident cannot bear weight | |

Ergonomic Equipment Used During the Injury:

- | | | | |
|---------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------|------------------------------------------------|
| <input type="radio"/> Gait belt, traditional | <input type="radio"/> Reposition: bed at elbow height | <input type="radio"/> Shower chair | <input type="radio"/> Scale on mechanical lift |
| <input type="radio"/> Gait belt, wider with handles | <input type="radio"/> Transfer: bed at wheelchair height | <input type="radio"/> Toilet chair | <input type="radio"/> Variable position chair |
| <input type="radio"/> Mechanical lift, manual | <input type="radio"/> Bed height easily adjusted | <input type="radio"/> Toilet seat riser | <input type="radio"/> Trapeze bar |
| <input type="radio"/> Mechanical lift, battery operated | <input type="radio"/> Transfer slide board | <input type="radio"/> Hydraulic chair-lift for tub | <input type="radio"/> Grab bars on wall |
| <input type="radio"/> Stand-assist, battery operated | <input type="radio"/> Low-friction slip sheet | <input type="radio"/> Shower gurney | <input type="radio"/> Grab bars on bed |
| <input type="radio"/> Stand-assist, lift cushion | <input type="radio"/> Pivot disk | <input type="radio"/> Bariatric assist equipment | <input type="radio"/> Resident uses a walker |
| <input type="radio"/> Ceiling mounted lift | <input type="radio"/> Pelvic hip lifter | <input type="radio"/> Ramp scale | <input type="radio"/> Other: _____ |

Injury Treatment:

- ☐ First-Aid Only
- ☐ Medical: no prescription or medical treatment required
- ☐ Medical: received prescription or medical treatment
- ☐ Lost Work Day? Days: _____
- ☐ Job Restriction? Days: _____
- ☐ Job Transfer? Days: _____
- ☐ Employee offered light-duty tasks

Injury Prevention:

Determine methods to reduce risk factors that occurred during the activity. Do not rely on body mechanics. Re-training should only be selected after a more primary control has been selected.

- ☐ Equipment Needed: _____
- ☐ Facility Design: _____
- ☐ No-Lift Policy: _____
- ☐ Staffing: _____
- ☐ Resident Care Plan: _____
- ☐ Preventive Maintenance: _____
- ☐ Training: _____
- ☐ Other: _____

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